



General Assembly

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Amendment

LCO No. 7767

SB0097207767SD0

Offered by:

SEN. BARTOLOMEO, 13th Dist.
SEN. BYE, 5th Dist.
SEN. GERRATANA, 6th Dist.
SEN. SLOSSBERG, 14th Dist.
SEN. DUFF, 25th Dist.
SEN. CRISCO, 17th Dist.
SEN. HARP, 10th Dist.
SEN. LINARES, 33rd Dist.
REP. URBAN, 43rd Dist.
REP. HOYDICK, 120th Dist.

REP. HOVEY, 112th Dist.
REP. BOLINSKY, 106th Dist.
REP. ABERCROMBIE, 83rd Dist.
REP. BUTLER, 72nd Dist.
REP. VARGAS, 6th Dist.
REP. HAMPTON, 16th Dist.
REP. WALKER, 93rd Dist.
REP. CUEVAS, 75th Dist.
REP. BETTS, 78th Dist.
REP. SANTIAGO, 84th Dist.

To: Subst. Senate Bill No. 972

File No. 195

Cal. No. 177

"AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTHS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2013*) (a) (1) The Commissioner of
4 Children and Families, in consultation with representatives of the
5 children and families served by the department, providers of mental,
6 emotional or behavioral health services for children and families,
7 advocates, and others interested in the well-being of children and
8 families in this state, shall develop a comprehensive implementation

9 plan, across agency and policy areas, for meeting the mental,
10 emotional and behavioral health needs of all children in the state, and
11 preventing or reducing the long-term negative impact of mental,
12 emotional and behavioral health issues on children. In developing the
13 implementation plan, the department shall include, at a minimum, the
14 following strategies to prevent or reduce the long-term negative
15 impact of mental, emotional and behavioral health issues on children:

16 (A) Employing prevention-focused techniques, with an emphasis on
17 early identification and intervention;

18 (B) Ensuring access to developmentally-appropriate services;

19 (C) Offering comprehensive care within a continuum of services;

20 (D) Engaging communities, families and youths in the planning,
21 delivery and evaluation of mental, emotional and behavioral health
22 care services;

23 (E) Being sensitive to diversity by reflecting awareness of race,
24 culture, religion, language and ability;

25 (F) Establishing results-based accountability measures to track
26 progress towards the goals and objectives outlined in this section and
27 sections 2 to 7, inclusive, of this act;

28 (G) Applying data-informed quality assurance strategies to address
29 mental, emotional and behavioral health issues in children;

30 (H) Improving the integration of school and community-based
31 mental health services; and

32 (I) Enhancing early interventions, consumer input and public
33 information and accountability by (i) in collaboration with the
34 Department of Public Health, increasing family and youth engagement
35 in medical homes; (ii) in collaboration with the Department of Social
36 Services, increasing awareness of the 2-1-1 Infoline program; and (iii)

37 in collaboration with each program that addresses the mental,
38 emotional or behavioral health of children within the state, insofar as
39 they receive public funds from the state, increasing the collection of
40 data on the results of each program, including information on issues
41 related to response times for treatment, provider availability and
42 access to treatment options.

43 (2) Not later than April 15, 2014, the commissioner shall submit and
44 present a status report on the progress of the implementation plan, in
45 accordance with section 11-4a of the general statutes, to the Governor
46 and the joint standing committees of the General Assembly having
47 cognizance of matters relating to children and appropriations.

48 (3) On or before October 1, 2014, the commissioner shall submit and
49 present the implementation plan, in accordance with section 11-4a of
50 the general statutes, to the Governor and the joint standing committees
51 of the General Assembly having cognizance of matters relating to
52 children and appropriations.

53 (4) On or before October 1, 2015, and biennially thereafter through
54 and including 2019, the department shall submit and present progress
55 reports on the status of implementation, and any data-driven
56 recommendations to alter or augment the implementation in
57 accordance with section 11-4a of the general statutes, to the Governor
58 and the joint standing committees of the General Assembly having
59 cognizance of matters relating to children and appropriations.

60 (b) Emergency mobile psychiatric service providers, community-
61 based mental health care agencies, school-based health centers and the
62 contracting authority for each local or regional board of education
63 throughout the state shall execute memoranda of understanding with
64 each other to, at a minimum, (1) improve coordination and
65 communication in order to enable such entities to promptly identify
66 and refer children with mental, emotional or behavioral health issues
67 to the appropriate treatment program, and (2) plan for any appropriate
68 follow-up with the child and family.

69 (c) Local law enforcement agencies and local and regional boards of
70 education that employ or engage school resource officers shall,
71 provided federal funds are available, train school resource officers in
72 nationally-recognized best practices to prevent students with mental
73 health issues from being victimized or disproportionately referred to
74 the juvenile justice system as a result of their mental health issues.

75 (d) The Department of Children and Families, in collaboration with
76 agencies that provide training for mental health care providers in
77 urban, suburban and rural areas, shall provide phased-in, ongoing
78 training for mental health care providers in evidence-based and
79 trauma-informed interventions and practices.

80 Sec. 2. (NEW) (*Effective October 1, 2013*) The Office of Early
81 Childhood, as established in section 1 of substitute house bill 6359 of
82 the current session, in collaboration with the Department of Children
83 and Families, shall provide, to the extent that private, federal or
84 philanthropic funding is available, professional development training
85 to pediatricians and child care providers to help prevent and identify
86 mental, emotional and behavioral health issues in children by utilizing
87 the Infant and Early Childhood Mental Health Competencies, or a
88 similar model, with a focus on maternal depression and its impact on
89 child development.

90 Sec. 3. (NEW) (*Effective July 1, 2013*) The birth-to-three program,
91 established under section 17a-248b of the general statutes and
92 administered by the Department of Developmental Services, shall
93 provide mental health services to any child eligible for early
94 intervention services pursuant to Part C of the Individuals with
95 Disabilities Education Act, 20 USC 1431 et seq., as amended from time
96 to time. Any child not eligible for services under said act shall be
97 referred by the program to a licensed mental health care provider for
98 evaluation and treatment, as needed.

99 Sec. 4. (NEW) (*Effective July 1, 2013*) The state shall seek existing
100 public or private reimbursement for (1) mental, emotional and

101 behavioral health care services delivered in the home and in
102 elementary and secondary schools, and (2) mental, emotional and
103 behavioral health care services offered through the Department of
104 Social Services pursuant to the federal Early and Periodic Screening,
105 Diagnostic and Treatment Program under 42 USC 1396d.

106 Sec. 5. (NEW) (*Effective October 1, 2013*) Not later than December 1,
107 2014, the Office of Early Childhood, through the Early Childhood
108 Education Cabinet, shall provide recommendations for implementing
109 the coordination of home visitation programs within the early
110 childhood system that offer a continuum of services to vulnerable
111 families with young children, including prevention, early intervention
112 and intensive intervention, to the joint standing committees of the
113 General Assembly having cognizance of matters relating to
114 appropriations, human services, education and children. Vulnerable
115 families with young children may include, but are not limited to, those
116 facing poverty, trauma, violence, special health care needs, mental,
117 emotional or behavioral health care needs, substance abuse challenges
118 and teen parenthood. The recommendations shall include, at a
119 minimum:

120 (1) A common referral process for families requesting home
121 visitation programs;

122 (2) A core set of competencies and required training for all home
123 visitors;

124 (3) A core set of standards and outcomes for all programs, including
125 requirements for a monitoring framework;

126 (4) Coordinated training for home visitation and early care
127 providers, to the extent that training is currently provided, on cultural
128 competency, mental health awareness and issues such as child trauma,
129 poverty, literacy and language acquisition;

130 (5) Established common outcomes;

131 (6) Shared reporting of outcomes, including information on any
132 existing gaps in services, disaggregated by agency and program, which
133 shall be reported annually, pursuant to section 11-4a of the general
134 statutes, to the joint standing committees of the General Assembly
135 having cognizance of matters relating to appropriations, human
136 services and children;

137 (7) Home-based treatment options for parents of young children
138 who are suffering from severe depression; and

139 (8) Intensive intervention services for children experiencing mental,
140 emotional or behavioral health issues, including, but not limited to,
141 relationship-focused intervention services for young children.

142 Sec. 6. (NEW) (*Effective October 1, 2013*) (a) The Office of Early
143 Childhood, as established in section 1 of substitute house bill 6359 of
144 the current session, in collaboration with the Departments of Children
145 and Families, Education and Public Health, to the extent that private
146 funding is available, shall design and implement a public information
147 and education campaign on children's mental, emotional and
148 behavioral health issues. Such campaign shall provide:

149 (1) Information on access to support and intervention programs
150 providing mental, emotional and behavioral health care services to
151 children;

152 (2) A list of emotional landmarks and the typical ages at which such
153 landmarks are attained;

154 (3) Information on the importance of a relationship with and
155 connection to an adult in the early years of childhood;

156 (4) Strategies that parents and families can employ to improve their
157 child's mental, emotional and behavioral health, including executive
158 functioning and self-regulation;

159 (5) Information to parents regarding methods to address and cope

160 with mental, emotional and behavioral health stressors at various ages
161 of a child's development and at various stages of a parent's work and
162 family life;

163 (6) Information on existing public and private reimbursement for
164 services rendered; and

165 (7) Strategies to address the stigma associated with mental illness.

166 (b) Not later than October 1, 2014, and annually thereafter, to the
167 extent that private funding is available under subsection (a) of this
168 section, the Office of Early Childhood shall report, in accordance with
169 the provisions of section 11-4a of the general statutes, to the joint
170 standing committees of the General Assembly having cognizance of
171 matters relating to children and public health on the status of the
172 public information and education campaign implemented pursuant to
173 subsection (a) of this section.

174 Sec. 7. (NEW) (*Effective October 1, 2013*) (a) The Judicial Branch, in
175 collaboration with the Departments of Children and Families and
176 Correction, may seek public or private funding to perform a study (1)
177 disaggregated by race, to determine whether children and young
178 adults whose primary need is mental health intervention are placed
179 into the juvenile justice or correctional systems rather than receiving
180 treatment for their mental health issues; (2) to determine the
181 consequences that result from inappropriate referrals to the juvenile
182 justice or correctional systems, including the impact of such
183 consequences on the mental, emotional and behavioral health of
184 children and young adults and the cost to the state; (3) to determine
185 the programs that would reduce inappropriate referrals; and (4) to
186 make recommendations to ensure proper treatment is available for
187 children suffering from mental, emotional or behavioral health issues.

188 (b) Upon completion of the study conducted pursuant to subsection
189 (a) of this section, the Judicial Branch shall report, in accordance with
190 the provisions of section 11-4a of the general statutes, to the joint

191 standing committees of the General Assembly having cognizance of
192 matters relating to appropriations, children and the judiciary on the
193 results of such study.

194 Sec. 8. (*Effective July 1, 2013*) (a) There is established a Children's
195 Mental Health Task Force to study the effects of nutrition, genetics,
196 complementary and alternative treatments and psychotropic drugs on
197 the mental, emotional and behavioral health of children within the
198 state. Members of the task force shall serve without compensation but
199 shall, within the limits of available funds, be reimbursed for expenses
200 necessarily incurred in the performance of their duties. The task force
201 shall: (1) Study the effects of nutrition, genetics, complementary and
202 alternative treatments and psychotropic drugs on the mental,
203 emotional and behavioral health of children; (2) gather and maintain
204 current information regarding said effects; and (3) advise the General
205 Assembly and Governor concerning the coordination and
206 administration of state programs that may address the impact of said
207 effects on the mental, emotional and behavioral health of children
208 using a results-based accountability framework.

209 (b) The task force shall consist of the chairpersons and ranking
210 members of the joint standing committee of the General Assembly
211 having cognizance of matters relating to children, and ten members
212 appointed as follows:

213 (1) A psychologist licensed under chapter 383 of the general
214 statutes, appointed by the president pro tempore of the Senate;

215 (2) A child psychiatrist licensed to practice medicine in this state,
216 appointed by the speaker of the House of Representatives;

217 (3) A licensed and board-certified physician specializing in genetics,
218 appointed by the majority leader of the Senate;

219 (4) A public health expert in children's health issues, appointed by
220 the minority leader of the Senate;

221 (5) An educator with expertise providing school-based mental
222 health services in collaboration with community-based mental health
223 service providers, appointed by the minority leader of the House of
224 Representatives;

225 (6) A pediatrician licensed to practice medicine in the state,
226 appointed by the Senate chairperson of the joint standing committee of
227 the General Assembly having cognizance of matters relating to
228 children;

229 (7) A complementary and alternative medicine or integrative
230 therapy expert specializing in the treatment of physical, mental,
231 emotional and behavioral health issues in children, appointed by the
232 House chairperson of the joint standing committee of the General
233 Assembly having cognizance of matters relating to children;

234 (8) A dietitian-nutritionist licensed under chapter 384b of the
235 general statutes, appointed by the Senate ranking member of the joint
236 standing committee of the General Assembly having cognizance of
237 matters relating to children;

238 (9) A psychotropic pharmacologist licensed to practice in the state,
239 appointed by the House ranking member of the joint standing
240 committee of the General Assembly having cognizance of matters
241 relating to children; and

242 (10) A pharmacologist licensed to practice in the state, appointed by
243 the Governor.

244 (c) All appointments to the task force shall be made not later than
245 thirty days after the effective date of this section. Any vacancy shall be
246 filled by the appointing authority.

247 (d) The chairpersons of the joint standing committee of the General
248 Assembly having cognizance of matters relating to children shall serve
249 as the chairpersons of the task force. Such chairpersons shall schedule
250 the first meeting of the task force, which shall be held not later than

251 sixty days after the effective date of this section.

252 (e) The administrative staff of the joint standing committee of the
 253 General Assembly having cognizance of matters relating to children
 254 shall serve as administrative staff of the task force.

255 (f) Not later than September 30, 2014, the task force shall submit a
 256 report on its findings and recommendations to the Commissioner of
 257 Children and Families and the joint standing committee of the General
 258 Assembly having cognizance of matters relating to children, in
 259 accordance with the provisions of section 11-4a of the general statutes.
 260 The task force shall terminate on the date that it submits such report or
 261 September 30, 2014, whichever is later."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	New section
Sec. 2	<i>October 1, 2013</i>	New section
Sec. 3	<i>July 1, 2013</i>	New section
Sec. 4	<i>July 1, 2013</i>	New section
Sec. 5	<i>October 1, 2013</i>	New section
Sec. 6	<i>October 1, 2013</i>	New section
Sec. 7	<i>October 1, 2013</i>	New section
Sec. 8	<i>July 1, 2013</i>	New section